



Food Establishment Plan Reviewer's Checklist

Establishment Name: _____

Address: _____ City: _____

Complete Plans Verification

- | | |
|---|--|
| <input type="checkbox"/> Application Form / Transmittal Letter | <input type="checkbox"/> Plumbing Plan (including hot water) |
| <input type="checkbox"/> Proposed Menu | <input type="checkbox"/> Room Finish Schedule |
| <input type="checkbox"/> Completed Worksheet | <input type="checkbox"/> Mechanical Plans (ventilation system) |
| <input type="checkbox"/> Scaled Drawings | <input type="checkbox"/> Lighting Plan (layout and shielding) |
| <input type="checkbox"/> Floor Plans (layout) | |
| <input type="checkbox"/> Site Plan (including outside garbage storage, on-site water supply and sewage disposal) | |
| <input type="checkbox"/> Equipment Specifications (including type, manufacturer, dimensions, model number, performance capacity and installation details) | |

The plans are complete and ready for review. Reviewer: _____, Date: _____

ITEM FROM WORKSHEET (noted by worksheet #)	Satisfactory	Not Applicable	**NEED MORE INFO.	Info. Request Date	Info. Received Date	COMMENTS
1. Person In Charge						
1. SOP's						
1. Consumer Advisory						
2. Thawing Practices						
3. Cooking & Reheating						
4. Hot & Cold Holding						
5. Ice as Refrigerant						
6. Time as Control						
7. Cooling PHF						
8. Food Preparation						
9. Catering Operations						
10. Dishwashing						
11. Dressing Rooms						
12. Personal Item Storage						

ITEM FROM WORKSHEET (noted by worksheet #)	Satisfactory	Not Applicable	**NEED MORE INFO.	Info. Request Date	Info. Received Date	COMMENTS
13-14. Laundry Facilities						
15. Mop sink						
16-30. Room Finishes						
31-32. Water Supply						
33-34. Sewage Disposal						
35-41. Pest Control						
42. Solid Waste - Outside						
43. Solid Waste - Inside						
44-78. Cross-Connections						
79-82. Hot Water Heaters						
83. Meal Estimates						
84. Refrigerated Storage						
85. Dry Storage						
86. Ventilation (Proposed Air Balance, Equipment Vented)						
Food Flow*						
Solid Waste Flow*						
Dish / Utensil Flow*						
Work Space & Aisles						
Raw Food Prep Area						
Raw Food Prep Sinks						
Handsinks (#, location, soap, towel, sign, approved faucet)						

ITEM FROM WORKSHEET (noted by worksheet #)	Satisfactory	Not Applicable	**NEED MORE INFO.	Info. Request Date	Info. Received Date	COMMENTS
Mop Sink (provided, location, facilities to hang mops & brooms)						
Dishwashing Sinks (size, location, flow direction, materials, installation)						
Dishmachines (capacity, flow, construction, installation)						
Soiled Dish Storage						
Clean Dish Storage						
Self-Service (temperature, sneeze guards, monitoring, construction)						
Storage (6" off floor, overhead leakage & splash protection)						
Equipment (construction, installation, cleanability, clean-in-place)						
Countertops & Cutting Boards						
Hot Water Supplied to all Necessary Fixtures & Equipment						
Separate Toxic Storage						
Linen Storage						
Lighting Adequate & Shielded						
Employee Rest Rooms						
Adequate Working Refrigeration						
Exterior Openings Protected						

ITEM FROM WORKSHEET (noted by worksheet #)	Satisfactory	Not Applicable	**NEED MORE INFO.	Info. Request Date	Info. Received Date	COMMENTS
Bottle Return Area						
Processing (vacuum packaging, smoking, repackaging)						
Bulk Food (display & storage)						

*Document how plans have been changed or SOP's developed to address concerns identified.

****Documentation should exist in plan review file for all items marked "need more information".**

NA = Not Applicable

Reviewed by: _____ Approval Date: _____

Agency: _____

Notes:

[illegible]